

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10723419
APPLICANT(S) _____

FILING DATE 12-12-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	└─┘		└─┘		└─┘	
TOTAL DEP.	└─┘		└─┘		└─┘	
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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57						
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59						
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61						
62						
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64						
65						
66						
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79						
80						
81						
82						
83						
84						
85						
86						
87	1					
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	└─┘		└─┘		└─┘	
TOTAL DEP.	└─┘		└─┘		└─┘	
TOTAL CLAIMS	13	14				

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		11				
3						
4						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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54						
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59						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						